DAYFAIT ABBLICATION OF THE STATE OF THE STAT										Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOR Effective December 29, 1999										09/509618						
		ims a	SMAL	L ENTITY		OTHER	THAN									
(Column 1) (Column 2)  FOR NUMBER FILED NUMBER EXTRA							l			OR		ENTITY				
-	ASIC FEE		<b>100</b>	A CHARLES	e:	A 2 A 3 T 3 A	OF THE STATE OF		RATE		1	RATE	FEE			
L	OTAL CLAIMS		32 minus 20= 1. /2							4	OR		040			
H			~			/0/			X\$ 9=	·	OR	X\$18=	216			
INDEPENDENT CLAIMS MULTIPLE DEPENDENT				minus	3 =	-,5	<i>t</i>		X39=		OR	X78≠	3/2			
M	ULTIPLE DEPER	ADENI	LAIM P	HESENT		<del></del>			+130=	1	OR	+260=	200			
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	X60			
CLAIMS AS AMENDED - PART II  OTHER TH.  (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT											THAN					
							(Column 3)		SMALI	LENTITY	OR					
AMENDMENT A		REMA AF AMEN	UNING TEA DMENT		· PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	T tal	• 3	31	Minus	••	32	= <i>B</i>		X\$ 9=		OR	X\$18=	·			
3	Independent FIRST PRESE	•	4	Minus		7	- B		X39=		OR	X78=				
-	PINST PRESE	MIAIIO	N OF M	ULTIPLE DE	PEND	ENT CLAIM			+130=		•	+260=				
								l	TOTA		OR	TOTAL				
•		(Colu	mn 1)	٠	"	olumn 2)	(Column 8)	. 1	ADDIT. FE		OR	ADDIT, FEE	· .			
- 8 E		CU REM/ AF	UMS UNING TERI DMENT		. PR	HIGHEST NUMBER NEVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL			
AMENDMENT B	Total	•	34	Minus	**	7)	- 2	ŀ	X\$ 9=	FEE	OR	X\$18=	JE C			
¥	Independent	•	4	Minus		/ .			X39=		OR	X78=				
-	rinoi Phese	HIAIN	NTATION OF MULTIPLE DEPENDENT CLAIM													
	,		-					Į	+130=	<b></b>	OR	+260≈ YOTAL	2/60			
	•	ie .						4	ODIT. FEE		OR	ADDIT, FEE	3.6			
<b>,</b> ,			JMS -	1185		olumn 2) HGHEST	(Column 3)	•		1 40 = 1	1 1		<del></del>			
MENT O			INING TER MENT	74.79	PA	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	7.5im.						:. •	i	X\$.S=		Ün	X\$18=				
AMEN	independent	MITATIO	,	Minus		F100 00 000	-	Ī	X39=		OR	X78=	.3			
	FIRST PRESE	HAND	Y OF MI	ACTIFICE UE	END	ENI CLAIM	لبسب	ŀ		1						
• 1	I th entry in colum	nn 1 là le	es then th	; e entry in colu	mn 2.	write "O" in col	umn 3.	L	+130=		OR	+260=				
-	if Bree "Hillight set Neur	nber Pres	dousty Pa	* If the entry in column 1 is less than the entry in column 2, write "U' in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  * ADDIT. FEE OR ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1.												